

How Genetics is Changing Our Understanding of 'Race' By David Reich New York Times March 23, 2018

Health Equity Brown Bag

Discussion Questions

What are you reactions to this article and how does it relate to our work?

How is race defined? Is it defined by the people in power or the population themselves?

"For the racist, the assumption of inequality comes first, and if they think they need science, they will find it." We/CDC use race (racial ethnic minorities) in the data we collect and to guide our work. Does this propagate stigma, stereotypes, and discrimination?

Should we be using race as the way that we define programs or are there other ways in which we can provide care to people who need it most? What should we use to define populations if not race?

We have conversations about physical differences between races or sexes and about the differences in how STDs affect people physically, but when discussing behaviors these conversations become more difficult and harder to navigate. Why is it hard for us to talk about differences in behavior? And do you think we should have those conversations?

Race is social construct, but are their behaviors that also affect our work social constructs (Intelligence/conceptions of "healthy life"/conceptions of sexual health)? How do we navigate that as a program or organization?

What implications does this discussion have to our work? Are there practical things we can implement as a result of this conversation?